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03/16/84
3-11-2
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POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION	SITE NUMBER (as assigned by HQ)
		6	TX 07480
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.			
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EW-JJS), 401 M ST., SW; Washington, DC 20460.			
I. SITE IDENTIFICATION TXD 007322172			
A. SITE NAME National Supply Company (Div. of Armco Steel)	B. STREET (or other identifier) 135 Frontage Rd. West	C. CITY North of Gainesville	D. STATE TX
E. ZIP CODE 76240	F. COUNTY NAME Cooke	G. OWNER/OPERATOR (if known) 1. NAME National Supply Company	
2. TELEPHONE NUMBER (817)665-2811		H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN	
I. SITE DESCRIPTION Large industrial building complex. Supplier of steel and steel products.			
J. HOW IDENTIFIED (i.e., citizen's complaint, OSMA citations, etc.) Citizen complaint		K. DATE IDENTIFIED (Mo. Day & Yr) 09/17/81	
L. PRINCIPAL STATE CONTACT 1. NAME Dan Scheppers, TDWR			
2. TELEPHONE NUMBER (512)475-1344			
II. PRELIMINARY ASSESSMENT (complete this section last)			
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN			
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. SITE INSPECTION NEEDED <input type="checkbox"/> 3. TENTATIVELY SCHEDULED FOR: B. WILL BE PERFORMED BY:			
C. A. SITE INSPECTION NEEDED (no priority) _____			
C. PREPARER INFORMATION 1. NAME David R. Wilkes, Engineering-Science			
2. TELEPHONE NUMBER (512)477-9901		3. OFFICE (Mo. Day & Yr) 12/08/83	
III. SITE INFORMATION 1/4/84			
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or manufacturing sites which are being used for storage, treatment, storage, or disposal of a continuing nature, even if interim quantity.)			
<input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)			
3. OTHER (specify): (Those sites that include such incidents like "abandoning buildings" or are no regular or continuing use of the site for waste disposal has occurred.)			
SUPERFUND FILE			
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (Specify generator four-digit IIC Code: 5051 JUN 04 1992)			
C. AREA OF SITE (in acres) Unknown			
D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec) 33°40'00"			
2. LONGITUDE (deg-min-sec) 97°09'15"			
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (Specify): Several large metal structures.			

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IV. CHARACTERIZATION OF SITE ACTIVITIES					
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.					
<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER		
<input type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. BALE	<input type="checkbox"/> 1. FILTRATION	<input type="checkbox"/> 1. LANDFILL		
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 3. LANDFARM		
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP		
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT		
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING		
<input type="checkbox"/> 6. OTHER (Specify):	<input type="checkbox"/> 6. OTHER (Specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION		
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION		
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (Specify):		
		<input type="checkbox"/> 9. OTHER (Specify):	Alleged dumping of chemicals into a lake.		
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED					
The site is a large industrial complex with no evident waste-handling areas. All wastes are either Class II or III (nonhazardous) and are disposed off-site. The site is isolated from surrounding areas by a greenbelt as well as the railroad and the interstate highway. There have been no other complaints since the one in 1981, and (See Attachment A.)					
V. WASTE RELATED INFORMATION					
A. WASTE TYPE					
<input type="checkbox"/> 1 UNKNOWN	<input checked="" type="checkbox"/> 2 LIQUID	<input type="checkbox"/> 3 SOLID	<input type="checkbox"/> 4 SLUDGE	<input type="checkbox"/> 5 GAS	
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1. UNKNOWN	<input type="checkbox"/> 2. CORROSIVE	<input type="checkbox"/> 3. IGNITABLE	<input type="checkbox"/> 4. RADIOACTIVE	<input type="checkbox"/> 5. HIGHLY VOLATILE	
<input type="checkbox"/> 6. TOXIC	<input type="checkbox"/> 7. REACTIVE	<input type="checkbox"/> 8. INERT	<input type="checkbox"/> 9. FLAMMABLE		
<input checked="" type="checkbox"/> 10. OTHER (Specify): Metal scrap, plant refuse, waste oils					
C. WASTE CATEGORIES					
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.					
Unknown					
2. Estimate the amount/specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
None	165	None	None	103	10
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
gallons/mo.	gallons/mo.	gallons/mo.	gallons/mo.	tons/mo.	tons/mo.
<input checked="" type="checkbox"/> 11. PAINT, PIGMENTS	<input checked="" type="checkbox"/> 11. OILY WASTES	<input checked="" type="checkbox"/> 11. HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> 11. ACIDS	<input checked="" type="checkbox"/> 11. FLYASH	<input checked="" type="checkbox"/> 11. LABORATORY PHARMACEUT.
<input type="checkbox"/> 12. METALS SLUDGES	<input type="checkbox"/> 12. OTHER (Specify):	<input type="checkbox"/> 12. NON-HALOGENATED SOLVENTS	<input type="checkbox"/> 12. PICKLING LIQUORS	<input type="checkbox"/> 12. ASBESTOS	<input type="checkbox"/> 12. HOSPITAL
<input type="checkbox"/> 13. POTW		<input type="checkbox"/> 13. OTHER (Specify):	<input type="checkbox"/> 13. CAUSTICS	<input type="checkbox"/> 13. MILLING/MINE TAILINGS	<input type="checkbox"/> 13. RADIOACTIVE
<input type="checkbox"/> 14. ALUMINUM SLUDGE			<input type="checkbox"/> 14. PESTICIDES	<input type="checkbox"/> 14. FERROUS/INMETS. WASTES	<input type="checkbox"/> 14. MUNICIPAL
<input type="checkbox"/> 15. OTHER (Specify):			<input type="checkbox"/> 15. DYES/INKS	<input type="checkbox"/> 15. NON-PERFUSIVE INMETS. WASTES	<input checked="" type="checkbox"/> 15. OTHER (Specify):
			<input type="checkbox"/> 16. CYANIDE	<input type="checkbox"/> 16. OTHER (Specify):	Wood, paper
			<input type="checkbox"/> 17. XENOMOLS		
			<input type="checkbox"/> 18. HALOGENS		
			<input type="checkbox"/> 19. PCB		
			<input type="checkbox"/> 20. METALS		
			<input type="checkbox"/> 21. OTHER (Specify):		

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V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
No known hazardous waste				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE. Drainage from the area is blocked to the south, west, and east by a railroad and highway.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark "X")	C. ALLEGED INCIDENT (mark "X")	D. DATE OF INCIDENT (month, day, year)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	X	05/29/81	Alleged chemical dumping.	
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL	X	05/29/81	Alleged chemical dumping.	
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING	X	05/29/81	Alleged dumping of chemicals into a 6-acre lake.	
22. OTHER (specify):				

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VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE:

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. NPDES PERMIT | <input type="checkbox"/> 2. SPCC PLAN | <input type="checkbox"/> 3. STATE PERMIT/(possibly) |
| <input type="checkbox"/> 4. AIR PERMITS | <input type="checkbox"/> 5. LOCAL PERMIT | <input type="checkbox"/> 6. RCRA TRANSPORTER |
| <input type="checkbox"/> 7. RCRA STORER | <input type="checkbox"/> 8. RCRA TREATER | <input type="checkbox"/> 9. RCRA DISPOSER |
| <input checked="" type="checkbox"/> 10. OTHER (specify): EPA ID No. TXD007322142, Solid Waste Registration No. 30934 | | |

B. IN COMPLIANCE?

1. YES 2. NO 3. UNKNOWN

C. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- A. NONE B. YES (complete below)

IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE B. YES (complete items 1,2,3, & 4 below) See Attachment A.

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day, & year)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day, & year)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

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ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

Corresponding number on form	Additional Remark and/or Explanation
IV-E	any evidence of that alleged dumping may be difficult to discern. However, a low priority site inspection is recommended to clear up some of the unknowns about the dumping incident.
IX	After complaint was filed, a FIT team from EPA was scheduled to do a site investigation in October 1981; however, no record of such an investigation was found in the files.

31/12/74 for Segments
1 & 2
Crenshaw, Etowah, LA, 70015



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National Supply Co. Plant
View of Facilities

Panorama of surrounding
areas at National Supply

Panorama at National Supply

ENSHAW BLVD. LA, CA 90016

3 1/2 x 5 1/4 • for 35mm



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Programs at National Suppl.

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2
3
4
5

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ATTACHMENT B
REJECTION FORM

<u>HAZSIT #</u>	<u>SITE NAME</u>	<u>FORM # and DATE COMPLETED by STATE</u>
TX 7480	National Supply Co. TXD 007322 142	120-20-2 12-8-83

**EXPLANATION FOR REJECTION:
(DEFICIENCIES)**
Section II D (1) and (2)
No latitude and longitude information.

**SUGGESTED REMEDY FOR
DEFICIENCIES:**

Complete Section III & due return.

SIGNATURE: A.C. Gardner
NAME OF REVIEWER

DATE: 1-4-84

SUPERFUND FILE
JUN 04 1992
REORGANIZED